

Checklist for Residential Community Living Moves

Name: _____

DMH # _____

Transitioning from: _____ to _____
 Natural Home/ Residential Name Residential Name

Transitioning from: _____ to _____
 Regional Office Regional Office

Initial Transition meeting date: _____ 30 Day Transfer meeting date: _____

INITIAL PLANNING AND PROVIDER SELECTION:

Action step	Date action step completed (or N/A)	Comments
The individual's waiver eligibility has been determined and Level of Care completed		
Have UR approval to proceed with placement and individual is on the Placement Waiting List		
Responsible Person(s) has identified the counties they want to consider for a move		
Individual's referral has been placed on Consumer Referral System		
Individual and responsible party has been made aware of all provider choices and been provided information and opportunities to visit providers before making informed choice		
Housemate Compatibility Tool has been completed, and the team has evaluated the level of risk any housemate would present to the other		
Individual has met housemates and visited the home		
Waiver and Choice of Provider Statement completed		
The new TCM agency has been informed of the move and invited to transition meeting		
If moving from one Regional Office to another, the receiving RO and CLC have been informed		
If needed, interdivisional agreement has been completed and signed		
If needed, interdepartmental agreement has been completed and signed		

FINANCIAL INFORMATION:

Action step	Date action step completed (or N/A)	Comments
Have verified the individual has active, waiverable Medicaid		
Have verified the individual has sufficient benefits to cover the room and board costs If not, have requested RO Business Office review the benefits		
If move will result in a rate increase, the budget has been approved by UR Committee and Regional Office Director prior to the move		
Sending Business Office has been informed of the move		
Receiving RO has received an approved copy of the budget		
Have informed Business Office of status of payee		
Status of individual's burial plan and/or funeral arrangement has been documented in the file		
Notifications of individual's move/new address have been made to current landlord, post office, Social Security office, bank, etc.		

ISL/OTHER RESIDENTIAL CONSIDERATIONS:

Action step	Date action step completed (or N/A)	Comments
If a new ISL, the proposed ISL site has been inspected by the SC using the ISL Environmental Site Review form prior to the move If repairs/changes were necessary, the site passed re-inspection prior to the move		
Home modifications needed for health and safety have been approved and completed prior to the move		
Start up needs (rental/utility deposits, furniture, household set-up, etc.) have been identified and funding source identified prior to the move		

SUPPORTS:

Action step	Date action step completed (or N/A)	Comments
All medical supports the individual needs are addressed in the ISP/Amendment		
Sending and Receiving RO Nurses have been informed of the individual's move		
Receiving provider's staff are informed and aware of the individual's medical needs		
If individual has had a change in health status or this is first move to residential living, Health Inventory has been completed		
Provider staff have been trained on any specialized medical supports needed prior to the move		
The individual has all needed durable medical equipment, and the source and funding for needed equipment has been identified and approved prior to the move		
All behavioral support needs are addressed in the ISP/amendment		
If needed, referral has been made to the BRT		
Provider staff have been trained on any specialized behavioral supports needed prior to the move		
If Psychiatrist (adult or child) is needed, ISP documents the need and referral has been made		
If needed Altered Levels of Supervision Tool been used by the team to plan supports		
Staffing ratio needed has been identified and justified in the plan		
If the person's rights are restricted, the plan has been reviewed		
The team is informed of any pending court actions		
If the individual is a registered sexual offender or has been found NGRI (not guilty due to disability or mental illness) for a sexual offense, the SC has notified the sending CLC of the move and notification letters required by statute have been sent prior to the move		

WHEN THE MOVE IS GOING TO HAPPEN:

Action step	Date action step completed (or N/A)	Comments
Final UR approval has been received and waiver slot has been requested and assigned		
Initial transition meeting with BOTH sending and receiving teams involved has been scheduled		
The receiving provider has scheduled doctor appointments to ensure continuity of care		
Arrangements have been made for transporting the individual and belongings on the move date		
Transfer of personal funds has been arranged <ul style="list-style-type: none"> Spending money in the individual's possession is sent <u>WITH</u> individual. Personal spending money in accounts is returned by the provider to the Regional Office. (If RO is not payee, RO will direct provider who to return funds to.) 		
Upon the move, the personal inventory form is reviewed and signed off by both parties		
At a minimum, the following must be provided to the receiving provider no later than the day of the move: <ul style="list-style-type: none"> Current Individual Support Plan, including any addendums and budget authorizations Behavior Support Plan Current Physician's orders A minimum of a seven day supply of current medications Current physical, vision and dental exams Current specialized medical information Information regarding diet and allergies Medicaid, Medicare, ID card and Social Security cards Current immunization record Adaptive equipment Clothing Personal care items Personal property inventory Documentation of guardianship and payee Funding authorization 		

FOLLOW UP:

Action step	Date action step completed (or N/A)	Comments
Determine which SC will do Service Monitoring during the first 30 days		
The sending SC will update CIMOR with new provider, address, phone, payee, etc		
Receiving SC has entered their role in CIMOR		
Sending SC has ended their role in CIMOR one day prior to transfer date		
Administrative Transfer Form is completed if moving outside the region/county		
If administrative transfer, file review has been completed by SCS		

Signature of sending SC completing form and date

CC: Receiving SC
Consumer file

03/09/15